

(Please Check One)

PRIOR PLAN YEAR ☐

CURRENT PLAN YEAR ☐

- 3) Mail your claims to Employee Benefits Management, LLC, 8740 Landmark Road, Richmond, Virginia 23228 or FAX them to (804) 515-8910. If you have any questions, please call (804) 515-8900.

Is This a New Address? NO YES E-Mail Address:

*Deductible, Copay, Medical, Dental, Vision, Prescription Drugs, etc.

Employee's Signature: _____ Date: _____

Revised 12/10/04

Healthcare Expenses

Eligible expenses must meet the following guidelines:

- * The expenses must be incurred by you, your spouse or your dependents.
- * The expenses must be incurred after the effective date of your flexible spending account and during the plan year.
If your employment terminates or you cease making contributions to your flexible spending account, expenses must be incurred before the date you ceased to participate in the flexible spending account plan.
- * The expenses cannot be eligible for reimbursement from any other source, including any health and/or dental insurance plans. You may submit a statement from your provider or your Explanation of Benefits from your insurance company showing insurance payments.
- * Attach itemized bills showing the date of service, a description of the service, total charges and how much insurance paid, if applicable. We cannot accept credit/debit card receipts or cancelled checks as proof that a service has been incurred.
- * When claiming Orthodontia you **MUST** provide a copy of your orthodontic contract reflecting the payment plan. This can be obtained from MOST dental office's. We must reimburse you exactly as your orthodontic contract is written.
- * We cannot accept cash register receipts for prescriptions. All documentation for prescriptions **MUST** have the patient's name, the prescription number and the date filled. Please note: There are several prescriptions that can be used for cosmetic purposes. We cannot reimburse for these unless a doctor's note is on file stating that it is a medical necessity.
- * Over the counter drugs receipts. **MUST** be cash register receipt with the name of the item printed on the receipt, **OR** cash register receipt with the printed UPC code and a copy of the container that the drug was in showing the same UPC code as printed on the receipt.

Dependent Care Expenses

Eligible dependent care expenses must meet the following guidelines:

- * The care must be for a child under age 13 or a physically or mentally disabled child, spouse or dependent parent who is incapable of self-care.
- * You must be working while your dependents receive care. If you are married, your spouse must also work, be a full-time student at least 5 months a year or be incapable of self-care and unable to provide for his/her own care.
- * Eligible expenses include charges by (1) daycare centers, (2) nursery schools or (3) individuals who provide care for your dependents. The individuals providing care cannot be a dependent or your child under age 19.
- * The expenses must be incurred after the effective date of your flexible spending account and during the plan year. **If your employment terminates or you cease making contributions to your flexible spending account, expenses must be incurred before the date you ceased to participate in the flexible spending account plan.**
- * You cannot file for reimbursement for expenses that have already been reimbursed from another source.
- * We cannot reimburse for services that have not yet been incurred.
- * Activity fees, late payment fees, and meals are not allowable expenses.
- * All Dependent Care receipts **MUST** include the providers name, federal identification number, the weeks of service, and the amount charged.
- * With the dependent care account you can only receive reimbursement for the money that has been contributed at that time.